

each phase were followed up for 6 months with MADRS scale. Results provided evidence for the efficacy and safety of ketamine in treating elderly depressed. There was a significant improvement in all ketamine dosages apart from 0.1 mg/kg. 7 participants reached remission. 5/7 had relapse than entered open trial and remitted again.

Ochs-Ross, et al 2020 study, 138 patients with TRD > 65 years received flexibly dosed esketamine nasal spray and new antidepressant or new antidepressant with placebo. The groups did not achieve statistical significance in MADRS score change from baseline to day 28. Patients with earlier onset of depression and younger patients (65-74) showed greater response to treatment.

**Conclusion:** Esketamine is safe in elderly TRD patients. There is not enough evidence to conclude if it is efficient. It seems that patients younger than 75 and with earlier onset of depression might benefit from esketamine.

## **P17: What happens if your colleague was the first person who notice that you have early-onset dementia?**

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**Objective:** A national prevalence study of early-onset dementia in Japan has provided data on their challenges and support needs, as documented by the individual and their family members. This study examined differences between 1) cases that the onset of early-onset dementia was detected by work colleagues, and 2) other cases.

**Methods:** After identifying medical or long-term care service offices used by people with early-onset dementia in 12 regions in Japan, a questionnaire was distributed to the individuals and their family members. The items surveyed were age at the time of the survey, gender, employment at the onset, age when the initial symptoms were detected, the person who detected the initial symptoms, and consideration received at the workplace. In this report, only those who were working at the onset were included in the analysis. Next, they were divided into two groups according to whether the person who detected the initial symptoms was a colleague or not, and a chi-square test was used to compare the two groups. This study was conducted with the approval of the Ethics Committee of the Tokyo Metropolitan Institute of Gerontology and Geriatric Medicine.

**Results:** Of the 1035 questionnaires collected, 559 were working at the time of onset of initial symptoms, and 149 (26.7%) of these cases were initially detected by a colleague. Comparison between groups revealed that the cases detected by colleagues 1) were recommended to see an occupational physician ( $P < 0.001$ ), 2) were referred to a specialist ( $P < 0.001$ ), 3) received consideration such as reassignment in the workplace ( $P < 0.001$ ), 4) received consideration regarding transportation ( $P = 0.023$ ), 5) had someone to talk to in the workplace ( $P < 0.001$ ), and 6) were significantly unlikely to receive no consideration at all ( $P = 0.010$ ).

**Conclusion:** Early-onset dementia was noticed by a colleague due to an increase mistake in the workplace but may have received reasonable accommodations that could have been considered by each workplace. The results of this study may help to promote dementia-friendly workplace strategies.

## **P26: Self-reported health-related quality of life for people with dementia in long-term care facilities in Taiwan: a nationwide survey**

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**Background:** Quality of life is an essential outcome parameter in geriatric research; however, research to date offers mixed evidence about the factors associated with health-related quality of life (HRQOL) among people with dementia (PWDs). We aimed to identify factors relating to HRQOL among PWDs living in long-term care (LTC) facilities.

**Methods:** A total of 299 from 1,607 registered long-term care facilities were randomly selected in every administrative region of Taiwan. A cross-sectional two-phase survey, which included the demographic data, comorbidities, EuroQol-5 dimensions-5 levels (EQ-5D-5L), mini-mental state examination (MMSE) score, clinical dementia rating scores (CDR), behavioral and psychological symptoms of dementia, and activities of daily living (ADL) of PWDs, was then conducted from 2019 to 2020.

**Results:** A total of 1,313 PWDs who self-completed EQ-5D-5L were enrolled in this analysis with a mean age of  $76.43 \pm 12.7$  years. The mean utility and visual analogue scale (VAS) scores of EQ-5D-5L were 0.10 (standard deviation, SD = 0.48) and 66.57 (SD = 20.67), respectively. Multivariate linear regression analysis showed that higher scores in ADL, instrumental ADL, and lower CDR sum scores were associated with higher EQ-5D-5L utility scores. Higher ADL scores and higher MMSE scores were associated with higher scores in an EQ-5D-5L-VAS. More depressive symptoms were related to both lower utility score and lower EQ-5D-5L-VAS score.